

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Life Insurance Continuation Plan																				
Application Number :																					
Date :																					
First Named Applicant:	Mr. Michael G. Siefe																				
Attorney Docket Number:	205402042003																				
TOTAL FEE AUTHORIZED \$ 375																					
Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as small entity																					
BASIC FILING FEE																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	375	375	Subtotal For Basic Filing Fees: \$ 375											
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EXTRA CLAIM FEES																					
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 17</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>2201</td><td>42</td><td>0</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>		Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 17	0	2202	9	0	Independent Claims : 3	0	2201	42	0	Subtotal For Extra Claims Fees: \$ 0				
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AUTHORIZED BILLING INFORMATION																					
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																					
Deposit account number:	500356																				
Access Code	****																				
Deposit name:	A+ LEGAL SERVICES																				
Deposit authorized name:	Michael L Greenberg																				
Signature:	mlg																				
Date (YYYYMMDD):	2003-08-14																				